

Health Department, City of Baltimore.

Permit No.

A 1870

Office of Registrar of Vital Statistics.

Ward

13^{1/2}

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 1867

CERTIFICATE OF DEATH.

Date of Death, 7.31.87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John L. Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 45 Years, Months, Days.

Color, ~~white~~

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ~~Housewife~~ Caroline Co MD

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, { Give Street and Number. }

911 Broad St

Cause of Death, { First (Primary), Second (Immediate), }

Confusion of Brain

Duration of Last Sickness,

18 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Leigh's Cemetery~~

Date of Burial, July 31 1887

{ Undertaker, H. Ross

{ Place of Business, 404 Court St Address, 35772 West

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this form.

Health Department, City of Baltimore.

Permit No. A

1871

Office of Registrar of Vital Statistics.

Ward 9²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. D.

Date of Death,

July 30th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Joseph Whittington

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 79 Years, Months, Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Preacher

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Calvert Co Md

Duration of Residence in the City of Baltimore, 23 years

Place of Death, { Give Street and Number. } 208 N Calvert St

Cause of Death, { First (Primary), Diarrhoea ; Second (Immediate), Exhaustion . }

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Maryland Cemetery

Date of Burial, July 31 1887

Undertaker, H. Br. & S.

Place of Business, 104 Cornhill Address, 218th Liberty St

B. F. Stark M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A

1872 Office of Registrar of Vital Statistics. Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 30th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Philip Theodore Wernemann

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore city

Duration of Residence in the City of Baltimore,

Since Birth.

Place of Death, { Give Street and Number. }

No 419 N Eustaw

Cause of Death, { First (Primary), Second (Immediate), }

Diarhoea. Artificial Food &c
Marsasmus. Prostration from Heat

Duration of Last Sickness,

6 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Aug 1 1887

{ Undertaker, L. S. & Son J. Ridgway Andre' M. D.
Medical Attendant.

{ Place of Business, 710 Canton Address, 1123 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1873 Office of Registrar of Vital Statistics. Ward 1¹⁶

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, July 30

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida Stolles

Sex, Male or Female, { Cross out the word not } required in this line.

Age, 3 Years, Months, Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not } required in this line.

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, always

Place of Death, { Give Street and Number. } 702 Lyndon St.

Cause of Death, { First (Primary), Pneumonia (Croupous) Mitral Regurg. Second (Immediate), Asphyxia }

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Aug 2, 1887 Frank Branch M. D.

{ Undertaker, K. Linda & Son

Medical Attendant.

{ Place of Business, 1710 Carlton St. Address, 1711 Bump St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1874 Office of Registrar of Vital Statistics. Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, July 30th, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Frank H Chase*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, — Years, 3 Months, 0 Days.

Color, *Calveside*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Baller Dancer*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *always*

Place of Death, { Give Street and Number. } *1823 Shellingy St*

Cause of Death, { First (Primary), Second (Immediate), } *Phthisis cæsaria*
Consumption

Duration of Last Sickness, *3 days*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, Aug 1, 1887

Undertaker, *Am. H. Bickman* M. D.

Place of Business, *510 N. Gay*

Address, *25 S Eder*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1870 Office of Registrar of Vital Statistics. Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Carolina Virginia Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 1513 William St.

Cause of Death, { First (Primary), Second (Immediate), }

Gastro - Enteritis

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenfield

Date of Burial, August 2d

{ Undertaker, Bernard Taft

{ Place of Business, 115 Abbott St.

Robert S. Lowe M. D.
Medical Attendant.

Address, 1012 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

A 1871

Office of Registrar of Vital Statistics.

Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 31st, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Anne Kostonich

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

5 Months,

25 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give Street and Number. }

W 3 Bethel Court

Cause of Death, { First (Primary),

Convulsions (Internal)

Second (Immediate),

Duration of Last Sickness,

One day

All the above information should be furnished by the Physician.

Place of Burial, St Alphansus

Date of Burial, Aug 1st, 1887

{ Undertaker, Frank Fraash

John H. Rehberger M. D.

Medical Attendant.

{ Place of Business, 827 N. Durham

Address, 1709 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department City of Baltimore.

Permit No. A 1877 Office of Registrar of Vital Statistics. Ward 8¹¹

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 30 1887
Merriam & Graham

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 57 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Ship Builder

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1417 Central Av

Cause of Death, { First (Primary), Second (Immediate), }

Cholera

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, August 1st 1887

{ Undertaker, Denny & Mitchell, A. Rutledge M. D.
Place of Business, 208 S. Broadway Address, 403 N. Broadway

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department City of Baltimore.

Permit No. A 1878

Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Lawrence C. Tinson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 3 Months, 14 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Lifetime

741 Jew Alley - Cholera Infantum

Cause of Death, { First (Primary),

Second (Immediate),

Convulsions

5 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Fbury Cem

Date of Burial, Aug 1st 1887

Undertaker, J. B. Locks

Place of Business, 419 N. Calle

J. L. Russell

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1879 Office of Registrar of Vital Statistics. Ward 2⁴

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Albert Jendrich

Sex, Male Female, { Cross out the word not required in this line. }

Age, 41 Years, Months, 7 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Coal worker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Thirteen (13) years

Place of Death, { Give Street and Number. } Back stairs off Ermans Coal Wharf

Cause of Death, { First (Primary), Accidental drowning Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, August 1, 1887, E. R. Rueter M. D.

{ Undertaker, Frank Brach, Medical Attendant.

{ Place of Business, 327 N. Durham Address 403 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]